

<b>ORDER FOR SUPPLIES OR SERVICES</b>										Page 1 Of 4	
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-02-D-0116			<b>2. Delivery Order/Call No.</b>  0002		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2002OCT25		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA5	
<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CSC-C MARY ROBBINS (309)782-3818 ROCK ISLAND IL 61299-7630  EMAIL: ROBBINSM@RIA.ARMY.MIL				<b>Code</b> W52H09	<b>7. Administered By (If other than 6)</b> DCMA ATLANTA 805 WALKER STREET SUITE 1 MARIETTA GA 30060-2789				<b>Code</b> S1103A	<b>8. Delivery FOB</b>  <input checked="" type="checkbox"/> Destination <input type="checkbox"/> Other  (See Schedule if other)	
<b>9. Contractor</b>  F N MANUFACTURING INC 797 CLEMSON ROAD COLUMBIA SC 29229  Name and Address  TYPE BUSINESS: Large Business Performing in U.S.			<b>Code</b> 3S679	<b>Facility</b> 	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b> <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned			
<b>12. Discount Terms</b>					<b>13. Mail Invoices To the Address in Block</b> See Block 15						
<b>14. Ship To</b> SEE SCHEDULE			<b>Code</b> 	<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264					<b>Code</b> HQ0338	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>	
<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
	<b>Purchase</b>		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. Item No.</b>		<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price			<b>20. Quantity Ordered/ Accepted*</b>		<b>21. Unit</b>	<b>22. Unit Price</b>		<b>23. Amount</b>	
		KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				<b>24. United States Of America</b>  /SIGNED/ By: JERRY L YOWELL /SIGNED/ YOWELLJ@RIA.ARMY.MIL (309)782-6736					<b>25. Total</b> \$78,511.44		
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____						<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>		<b>29. Initials</b> 	
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____						<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>		<b>33. Amount Verified Correct For</b>	
										<b>34. Check Number</b>	
										<b>35. Bill Of Lading No.</b>	
<b>37. Received At</b>		<b>38. Received By</b>		<b>39. Date Received</b>		<b>40. Total Containers</b>		<b>41. S/R Account Number</b>		<b>42. S/R Voucher No.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-D-0116/0002 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> F N MANUFACTURING INC		

SUPPLEMENTAL INFORMATION

- 1. THIS DELIVERY ORDER 0002 IS ISSUED PURSUANT TO THE ORDERING CLAUSE OF THE SUBJECT CONTRACT AND IN ACCORDANCE WITH THE PRICING FOR ORDERING PERIOD 1. THIS DELIVERY ORDER REQUIRES THE DELIVERY OF 952 EACH RECEIVER, CARTRIDGE, AT A PRICE OF \$82.47.
- 2. THE DELIVERY SCHEDULE FOR 952 EACH RECEIVER, CARTRIDGE IS 24 FEB 03.
- 3. THE TOTAL CONTRACT DOLLARS ARE \$78,511.44.
- 4. THIS DELIVERY ORDER IS SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN THE BASIC CONTRACT.

\*\*\* END OF NARRATIVE A 001 \*\*\*

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-D-0116/0002 MOD/AMD	Page 3 of 4
--------------------	--	-------------

Name of Offeror or Contractor: F N MANUFACTURING INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>				
0001AA	<u>PRODUCTION QUANTITY</u>	952	EA	\$ 82.47000	\$ 78,511.44
	NSN: 1005-01-248-5858 NOUN: RECEIVER,CARTRIDGE FSCM: 19200 PART NR: 12576280 SECURITY CLASS: Unclassified PRON: M1310582M1 PRON AMD: 01 ACRN: AA AMS CD: 070011HFAG4  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H0922691669 W25G1U J 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 600 24-FEB-2003  002 352 24-MAR-2003  FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-D-0116/0002				

**CONTINUATION SHEET****Reference No. of Document Being Continued**

Page 4 of 4

**PIIN/SIIN** DAAE20-02-D-0116/0002

**MOD/AMD**

**Name of Offeror or Contractor:** F N MANUFACTURING INC

## CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB				OBLIGATED
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	ACCOUNTING			
								NUMBER	STATION			AMOUNT
0001AA	M1310582M1	AA	2	97	X4930AC6G	6D	26FB	S11116	W52H09	\$		78,511.44
	070011HFAG4											
									TOTAL	\$		78,511.44

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 78,511.44
						TOTAL	\$ 78,511.44